

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 14
For use by Members, officers, and employees

HAND DELIVERED

Wayne Edward Whitfield

(Full Name)

(202) 225-3115

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 12:04

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives State: KY
District: 01

☐ Officer Or Employee Employing Office: _____

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Wayne Edward Whitfield

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
CSX Corporation	Pension Benefit	\$37,000
The Humane Society of the United States	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Abbott Lab	\$1,001 - \$15,000	Dividends	\$1 - \$200	
Adobe Systems	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
Apple Inc.	None	DIVIDENDS	\$201 - \$1,000	S
AT&T	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
Berkshire Hathaway - B	\$15,001 - \$50,000	None	NONE	
California St 4% 16	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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	California St 4.5% 18	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Campbell and Kenton County Bond	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Chevron Stock	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
	Cisco	None	DIVIDENDS/CAPIT AL GAINS	\$201 - \$1,000	S
	Coca-Cola	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Congressional Credit Union	\$1,001 - \$15,000	Interest	\$1 - \$200	
	CSX Corp. Board	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	CVS Caremark	None	DIVIDENDS	\$201 - \$1,000	S
	DMC Green	\$15,001 - \$50,000	None	NONE	
	Duke Energy	None	DIVIDENDS	\$201 - \$1,000	S
	Ebay Inc.	None	Dividends	\$201 - \$1,000	S
	Exxon	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
	Fidelity Blue Chip Fund	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$1,001 - \$2,500	
	Google	None	DIVIDENDS	\$201 - \$1,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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	Hampton Roads Revenue Bond	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	P
	Hewlett Packard	None	DIVIDENDS	\$1,001 - \$2,500	S
	Houston Tax Revenue Bond	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	P
	Intel	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	International Business	\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	
	Johnson and Johnson	None	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	S
	Los Angeles County 5% 15	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Louisville and Jefferson County Bond	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
SP	Manulife Financial	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Marshall Isley Bank	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	May Department / Macy's	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
	McDonalds	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Metropolitan Water 4% 12	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Microsoft	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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	Monsanto	None	DIVIDENDS	\$201 - \$1,000	S
	Nokia	None	DIVIDENDS	\$201 - \$1,000	S
	Northwestern Annuity	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Old National Bank Building 1027 Indianapolis Road Green Castle, IN 46135	\$500,001 - \$1,000,000	RENT	\$50,001 - \$100,000	
	PepsiCo Inc.	None	DIVIDENDS	\$201 - \$1,000	S
	Pfizer	None	DIVIDENDS/CAPIT TAL GAINS	\$201 - \$1,000	S
	Proctor and Gamble	None	DIVIDENDS	\$201 - \$1,000	S
	Qualcomm Inc.	None	DIVIDENDS	\$1 - \$200	S
	Sacramento County Municipal Bond	\$50,001 - \$100,000	Interest	\$201 - \$1,000	
	Schering-Plough	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Schwab Account Cash	\$250,001 - \$500,000	INTEREST	\$2,501 - \$5,000	
	SPDR Gold TR	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Statoil Hydro ASA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Travelers Corp.	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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	United Bank	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	United Bank DC	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Vacant Lot--Greenbrier-Sporting Club, Travelers Hill, White Sulfr Springs, WV, Lot 26	\$100,001 - \$250,000	None	NONE	
	Vanguard Growth Index Fund	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
	Vanguard Inflation	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
	Vanguard Prime Money Market Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
	Vanguard S&P 500 Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
	Vanguard Short Term Tax	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	P
	Vanguard Tax Exempt	\$50,001 - \$100,000	None	NONE	
	Verizon	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Virginia ST 5% Bond	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	P
	Virginia ST Res 5.125 Bond	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	P
	Walt Disney Co	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Washington First	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Wayne Edward Whitfield

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	Wells Fargo	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	S
	White Oak Aoc Growth Fund	None	None	NONE	S
	William Blair Growth Fund	None	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Wayne Edward Whitfield

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Adobe Systems	S	Yes	08-12-2010	\$15,001 - \$50,000
	Apple Inc.	S	No	08-12-2010	\$15,001 - \$50,000
	Campbell and Kenton County Bond	P	N/A	10-15-2010	\$1,001 - \$15,000
	Cisco	S	Yes	08-12-2010	\$1,001 - \$15,000
	CVS Caremark	S	No	08-12-2010	\$15,001 - \$50,000
	Duke Energy	S	No	08-16-2010	\$1,001 - \$15,000
	Ebay Inc.	S	No	08-12-2010	\$1,001 - \$15,000
	Google	S	N/A	08/12/2010	\$1,001 - \$15,000
	Hampton Roads Revenue Bond	P	N/A	09/13/2010	\$15,001 - \$50,000
	Hewlett Packard	S	No	08-12-2010	\$1,001 - \$15,000
	Houston Tax Revenue Bond	P	N/A	09-16-2010	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Wayne Edward Whitfield

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Johnson and Johnson	S	Yes	08-13-2010	\$15,001 - \$50,000
	Louisville and Jefferson County Bond	P	N/A	10-15-2010	\$15,001 - \$50,000
	Microsoft	P	N/A	04-23-2010	\$1,001 - \$15,000
	Monsanto	S	No	08-13-2010	\$15,001 - \$50,000
	Nokia	S	No	08-12-2010	\$1,001 - \$15,000
	PepsiCo Inc.	S	No	08-12-2010	\$15,001 - \$50,000
	Pfizer	S	Yes	08-12-2010	\$1,001 - \$15,000
	Proctor and Gamble	S	No	08-12-2010	\$15,001 - \$50,000
	Qualcomm Inc.	S	No	08-12-2010	\$1,001 - \$15,000
	Travelers Corp.	P	N/A	01-15-2010	\$1,001 - \$15,000
	Vanguard Growth Index Fund	P	N/A	09-06-2010	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

Name Wayne Edward Whitfield

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Inflation	P	N/A	01-19-2010	\$15,001 - \$50,000
	Vanguard Prime Money Market Fund	P	N/A	09-06-2010	\$15,001 - \$50,000
	Vanguard Short Term Tax	P	N/A	01-19-2010	\$15,001 - \$50,000
	Verizon	P	N/A	01-20-2010	\$15,001 - \$50,000
	Virginia ST 5% Bond	P	N/A	09-04-2010	\$15,001 - \$50,000
	Virginia ST Res 5.125 Bond	P	N/A	09-04-2010	\$15,001 - \$50,000
	Wells Fargo	S	Yes	08-12-2010	\$1,001 - \$15,000
	White Oak Aoc Growth Fund	S	No	08-12-2010	\$1,001 - \$15,000
	William Blair Growth Fund	S	No	08-12-2010	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Wayne Edward Whitfield

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	BB&T	January 2003	Mortgage- Lot 26 Greenbrier White Sulphur Springs, WV	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Wayne Edward Whitfield

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Turkish Coalition of America	March 27- April 3	DC-Istanbul-Bursa-Istanbul- Ankara-Istanbul-DC	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Wayne Edward Whitfield

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Governors	Wesley Theological Seminary

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
 For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 3:41

Steven Brett Guthrie

202.225.3501

U.S. HOUSE OF REPRESENTATIVES

(Full Name)

(Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
 State: KY
 District: 02

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>* Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? <i>*Created by my father. I receive no income nor have any knowledge of assets.</i></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Steven Brett Guthrie

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
US Congress	Salary	\$174,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steven Brett Guthrie

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>JT Guthrie Family Irrevocable Trust, Carolyn and Greg Guthrie, Trustees, 1 of 4 children who share</p>	<p>\$100,001 - \$250,000</p>	<p>NONE</p>	<p>NONE</p>	
<p>401k Retirement Plan Hartford Life Simsbury, CT *American Growth Fund Indianapolis, IN</p>	<p>\$50,001 - \$100,000</p>	<p>NONE</p>	<p>NONE</p>	
<p>401k Retirement Plan Hartford Life Simsbury, CT Franklin Growth Fund St. Petersburg, FL</p>	<p>\$50,001 - \$100,000</p>	<p>NONE</p>	<p>NONE</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steven Brett Guthrie

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JT	US Bank Accounts Bowling Green, KY Checking/Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Deferred Compensation Plan ^① MetLife Lexington, KY (Trace Die Cast, Inc.)	\$50,001 - \$100,000	NONE	NONE	
JT	Mutual Fund ^② Wells Fargo Bowling Green, KY AF AMCAP Fund Class A Indianapolis, IN	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT	Mutual Fund Franklin Growth A St. Petersburg, Florida	\$15,001 - \$50,000	None	NONE	
SP	Insurance Policy New England Financial 700 Quaker Lane Warwick, RI	\$1,001 - \$15,000	None	NONE	
DC1	Insurance Policy ^③ Reassurance American Life Insurance Company Whole Life Interest	\$1 - \$1,000	INTEREST/INTE REST	\$1 - \$200	
DC1	529 (3) C College Plan ^④ T Row Price Balanced C Baltimore, MD	\$1,001 - \$15,000	None	NONE	P
DC1	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steven Brett Guthrie

Page 5 of 12

DC1	529 (3) C College Plan Northern Equity Index 529 Portfolio C Chicago, IL	\$1 - \$1,000	None	NONE	P
DC1	529 (3) C College Plan Northern Mid-Cop Index 529 Portfolio C Chicago, IL	\$1 - \$1,000	None	NONE	P
DC1	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	\$1 - \$1,000	None	NONE	P
DC1	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	\$1,001 - \$15,000	None	NONE	P
DC1	529 (3) C College Plan Neuberger Berman International Large Cop 529 Portfolio C New York, New York	\$1,001 - \$15,000	None	NONE	P
DC2	529 (3) C College Plan T Rowe Price Balanced C Baltimore, MD	\$1,001 - \$15,000	None	NONE	P
DC2	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	\$1,001 - \$15,000	None	NONE	P
DC2	529 (3) C College Plan Northern Equity Index 529 Portfolio C	\$1 - \$1,000	None	NONE	P
DC2	529 (3) C College Plan Northern Mid-Cop Index 529 Portfolio C Chicago, IL	\$1 - \$1,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steven Brett Guthrie

Page 6 of 12

DC2	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	\$1 - \$1,000	None	NONE	P
DC2	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	\$1,001 - \$15,000	None	NONE	P
DC2	529 (3) C College Plan Neuberger Berman International Large Cap 529 Portfolio C New York, New York	\$1,001 - \$15,000	None	NONE	P
DC3	529 (3) C College Plan T Rowe Price Balanced C Baltimore, MD	\$1,001 - \$15,000	None	NONE	P
DC3	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	\$1,001 - \$15,000	None	NONE	P
DC3	529 (3) C College Plan Northern Equity Index 529 Portfolio C	\$1 - \$1,000	None	NONE	P
DC3	529 (3) C College Plan Northern Mid-Cap Index 529 Portfolio C Chicago, IL	\$1 - \$1,000	None	NONE	P
DC3	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	\$1 - \$1,000	None	NONE	P
DC3	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Steven Brett Guthrie

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DC3	529 (3) C College Plan Neuberger Berman International Large Cap 529 Portfolio C New York, New York	\$1,001 - \$15,000	None	NONE	P
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SCHEDULE IV - TRANSACTIONS

Name Steven Brett Guthrie

Page 8 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodity futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC1	529 (3) C College Plan T Row Price Balanced C Baltimore, MD	P	N/A	Monthly	\$1,001 - \$15,000
DC1	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	P	N/A	Monthly	\$1,001 - \$15,000
DC1	529 (3) C College Plan Northern Equity Index 529 Portfolio C Chicago, IL	P	N/A	Monthly	<\$1,000
DC1	529 (3) C College Plan Northern Mid-Cap Index 529 Portfolio C Chicago, IL	P	N/A	Monthly	<\$1,000
DC1	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	P	N/A	Monthly	<\$1,000
DC1	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	P	N/A	Monthly	\$1,001 - \$15,000
DC1	529 (3) C College Plan Neuberger Berman International Large Cap 529 Portfolio C New York, New York	P	N/A	Monthly	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Steven Brett Guthrie

Page 9 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
DC2	529 (3) C College Plan T Rowe Price Balanced C Baltimore, MD	P	N/A	Monthly	\$1,001 - \$15,000
DC2	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	P	N/A	Monthly	\$1,001 - \$15,000
DC2	529 (3) C College Plan Northern Equity Index 529 Portfolio C	P	N/A	Monthly	<\$1,000
DC2	529 (3) C College Plan Northern Mid-Cap Index 529 Portfolio C Chicago, IL	P	N/A	Monthly	<\$1,000
DC2	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	P	N/A	Monthly	<\$1,000
DC2	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	P	N/A	Monthly	\$1,001 - \$15,000
DC2	529 (3) C College Plan Neuberger Berman International Large Cap 529 Portfolio C New York, New York	P	N/A	Monthly	\$1,001 - \$15,000
DC3	529 (3) C College Plan T Rowe Price Balanced C Baltimore, MD	P	N/A	Monthly	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Steven Brett Guthrie

Page 10 of 12

Report any purchase, sale, or exchanges by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Includes transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See examples below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
DC3	529 (3) C College Plan Harbor Large Corp. Volume 529 Part C Chicago, IL	P	N/A	Monthly	\$1,001 - \$15,000
DC3	529 (3) C College Plan Northern Equity Index 529 Portfolio C	P	N/A	Monthly	<\$1,000
DC3	529 (3) C College Plan Northern Mid-Cap Index 529 Portfolio C Chicago, IL	P	N/A	Monthly	<\$1,000
DC3	529 (3) C College Plan Northern Small Company Index 529 Portfolio C	P	N/A	Monthly	<\$1,000
DC3	529 (3) C College Plan Northern International Equity Index 529 Portfolio C	P	N/A	Monthly	\$1,001 - \$15,000
DC3	529 (3) C College Plan Neuberger Berman International Large Cap 529 Portfolio C New York, New York	P	N/A	Monthly	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Steven Brett Guthrie

Page 11 of 12

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Potter Children's Home, Bowling Green, KY
Advisory Board Member	Center for Gifted Studies at Western Kentucky University, Bowling Green, KY
Advisory Board Member	Western Kentucky University, Bowling Green, KY

SCHEDULE IX - AGREEMENTS

Name Steven Brett Guthrie

Page 12 of 12

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/03/09	Brett Guthrie and Trace Die Cast, Inc.	Leave of absence due to government service
1/03/09	Trace Die Cast, Inc.	401k plan reported on Schedule III; maintained at Trace Die Cast; non-contributing by Brett Guthrie or Trace Die Cast
1/03/09	Trace Die Cast, Inc.	Deferred compensation reported on Schedule III; maintained by Trace Die Cast; non-contributing during leave of absence
January 1999	Kentucky Employees Retirement System	agreement between Brett Guthrie and Kentucky state legislature; 10 years of vestment in Kentucky Employees Retirement System, a defined benefit plan (no cash value or assets individually owned by me)

Footnotes for Cong. Steven Brett Guthrie's 2010 Financial Disclosure Statement

- 1) Deferred compensation plan is under management of Trace Die Cast, Inc. I do not select assets nor have knowledge of them. Trace does not currently contribute to this plan.
- 2) Mutual fund name changed from Wachovia to Wells Fargo. I did not direct this change. It was renamed due to a financial transaction at my agent's institution.
- 3) Name change due to financial institution. I had not initiated or directed the change.
- 4) All Van Kampen plans reported for 2009 were converted by my financial institution to the listed plans in 2010. I did not direct this exchange. It was due to a buyout of my agency. The shares of Van Kampen were exchanged for equal value shares with no decision on my part. The equal values of my Van Kampen assets were reallocated to the listed assets.

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 2 LEGISLATIVE RESOURCE CENTER MAY 16 AM 10:53 U.S. HOUSE OF REPRESENTATIVES <i>MC</i>
John A Yarmuth (Full Name)		202 2255401 (Daytime Telephone)		HAND DELIVERED (Office Use Only)
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>KY</u> District: <u>3</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____
A \$200 penalty shall be assessed against anyone who files more than 30 days late.				

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A Yarmuth

Page 2 of 5

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	Almost Family	\$1,000,001 - \$5,000,000	None	NONE	
	BBT	\$250,001 - \$500,000	DIVIDENDS	\$5,001 - \$15,000	
	Fifth Third Bank checking account	\$250,001 - \$500,000	INTEREST	\$5,001 - \$15,000	
	Ford	\$100,001 - \$250,000	None	NONE	
	General Electric	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
	Northwestern Mutual annuity	\$50,001 - \$100,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John A Yarmuth

Page 3 of 5

	PNC Bank checking account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Rental property Doonbeg, Ireland	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	
	Republic Bank checking account	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	
	Samuel Klein Trust	Unknown	EXCEPTED TRUST	\$5,001 - \$15,000	
	Sonny's Barbeque Orlando, FL	\$1,000,001 - \$5,000,000	Other: Royalties and income	\$1,000,001 - \$5,000,000	

SCHEDULE V - LIABILITIES

Name John A Yarmuth

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Ulster Bank of Scotland	Mortgage on rental property Doonbeg, Ireland	\$500,001 - \$1,000,000

SCHEDULE VIII - POSITIONS

Name John A Yarmuth

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary natura; and positions listed on Schedule I.

Position	Name of Organization
Director	Kentucky Golf Association
Director	First Tee of Louisville

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A Page 1 of 4 For use by Members, officers, and employees
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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 AM 10:08

(Office Use Only)

MC

Geoffrey Clark Davis (Full Name)	202-225-3465 (Daytime Telephone)
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Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u> District: <u>4</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____ Termination Date: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p style="text-align: center;">Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Geoffrey Clark Davis

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during this year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Excludes: Your personal residence, including second home and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during this reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if you had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	FERS Thrift Savings Plan	\$15,001 - \$50,000	INTEREST/None	NONE	
JT	Pentagon Federal CU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Republic Consulting, Inc.	\$15,001 - \$50,000	None	NONE	
JT	USAA Federal Savings Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Geoffrey Clark Davis

Page 3 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	FERS Thrift Savings Plan	S(part)	No	09-15-10	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Geoffrey Clark Davis

Page 4 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Heritage bank	OCT 2002	Campaign Loan (Paid off Oct 2010)	\$50,001 - \$100,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 6
 For use by Members, officers, and employees

2011 MAY 13 PM 12:33

U.S. HOUSE OF REPRESENTATIVES

Albert Benjamin Chandler, III

202-225-4706

HAND DELIVERED

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status
☒ Member of the U.S. House of Representatives
 State: KY
 District: 06
☐ Officer Or Employee

Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type
☒ Annual (May 15)
 ☐ Amendment
 ☐ Termination

Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Albert Benjamin Chandler, III

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Kentucky State Government	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Albert Benjamin Chandler, III

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BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	Commonwealth Credit Union, Frankfort, KY	\$15,001 - \$50,000	INTEREST	\$1 - \$200	NA
	Community Trust Bank	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	NA
JT	JP Morgan Stock	\$1,001 - \$15,000	None	NONE	NA
	KY Public Deferred Compensation Account Growth Fund of America R5	\$15,001 - \$50,000	DIVIDENDS Reinvested	NONE	P
	KY Public Deferred Compensation Account-Fidelity Contra	\$50,001 - \$100,000	DIVIDENDS Reinvested	NONE	P
SP	KY Public Deferred Compensation Account	\$15,001 - \$50,000	DIVIDENDS Reinvested	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Albert Benjamin Chandler, III

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	KY Public Employees Retirement Systems	\$50,001 - \$100,000	None	NONE	NA
SP	KY Public Employees Retirement Systems	\$50,001 - \$100,000	None	NONE	NA
JT	Lipid Sciences, Inc. Stock	\$1 - \$1,000	None	NONE	NA
	Northwestern Mutual Adjustable Comp Insurance Policy	\$15,001 - \$50,000	DIVIDENDS/Reinvested	\$1,001 - \$2,500	P
JT	Polly Place Farm, Inc. Stock. 191 Elm St., Versailles, KY (300 Acre Farm)	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	NA
JT	Rental Unit, 975 Pisgah Pike, Versailles, KY	\$1,001 - \$15,000	RENT	\$2,501 - \$5,000	NA
JT	USEE Bonds	\$50,001 - \$100,000	None	NONE	NA
JT	Woodford Sun, Inc Stock. Versailles, KY Newspaper	\$15,001 - \$50,000	None	NONE	NA

SCHEDULE IV - TRANSACTIONS

Name Albert Benjamin Chandler, III

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	KY Public Deferred Compensation Account Growth Fund of America R5	P	N/A	Monthly	\$1,001 - \$15,000
	KY Public Deferred Compensation Account- Fidelity Contra	P	N/A	Monthly	\$1,001 - \$15,000
SP	KY Public Deferred Compensation Account	P	N/A	Monthly	\$1,001 - \$15,000
	Northwestern Mutual Adjustable Comp Insurance Policy	P	N/A	Monthly	\$1,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name Albert Benjamin Chandler, III

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01-01-92	Commonwealth of KY Retirement Systems	Defined Benefit Plan
12-21-92	Commonwealth of KY Public Employees Deferred Comp	Defined Contribution Plan